

## CARLILE DENTAL CARE DISCOUNT PLAN

Code	Description	Cost	Cost w/Plan	Member Savings
D0120	Periodic oral exam (after cleaning)	\$61	Included (2)	
D0140	Limited Exam (toothache)	\$78	Included (1)	
D0150	New Patient Exam	\$103	Included (1)	
D0210	Full Mouth Xray	\$150	\$120	\$30
D0220	Intraoral Image	\$31	\$20	\$12
D0230	Additional Intraoral Image	\$26	\$18	\$8
D0270	1 Radiographic Image (PA)	\$31	\$20	\$12
D0272	2 Bitewings	\$48	\$35	\$13
D0273	3 Bitewings	\$55	\$40	\$15
D0274	4 Bitewings	\$75	Included (1)	
D0330	Panoramic Image	\$129	Included (1)	
D1110	Cleaning (Prophy)	\$106	Included (2)	
D1120	Child Cleaning (Prophy) 12 and under	\$80	Included (2)	
D4910	Perio Maintenance	\$115	Included (2)	
D1206	Fluoride	\$45	\$30	\$15
D1351	Sealant	\$60	\$45	\$15
D7111	Extraction - Child	\$130	\$100	\$30
D7140	Extraction - Adult	\$180	\$150	\$30
D2330	Comp Filling - 1 Surface, Anterior	\$180	\$140	\$40
D2331	Comp Filling - 2 Surface, Anterior	\$225	\$160	\$65
D2332	Comp Filling - 3 Surface, Anterior	\$300	\$225	\$75
D2335	Comp Filling - 4+Surface, Anterior	\$366	\$290	\$76
D2391	Comp Filling - 1 Surface, Posterior	\$192	\$150	\$42
D2392	Comp Filling - 2 Surface, Posterior	\$280	\$220	\$60
D2393	Comp Filling - 3 Surface, Posterior	\$335	\$270	\$65
D2394	Comp Filling - 4+Surface, Posterior	\$380	\$300	\$80
D2750	Porcelain Crown	\$1,300	\$1,050	\$250
D2750.50	Custom Shade	\$120	\$120	\$0
D2740	PFM Crown	\$1,300	\$1,050	\$250
D2940	Sedative Filling	\$90	\$70	\$20
D2950	Core Build Up	\$300	\$210	\$90
D3110	Pulp Cap	\$90	\$60	\$30
D4211	Gingivectomy 1-3 teeth	\$310	\$250	\$60
D4341	Perio Scaling & Root Planing 4+	\$275	\$200	\$75
D4342	Perio S/RP 1-3 teeth	\$145	\$115	\$30
D4355	Full Mouth Debridement	\$140	\$110	\$30
D6750	Bridge (outer tooth)	\$1,300	\$1,050	\$250
D6240	Bridge (floating tooth)	\$1,300	\$1,050	\$250
D5110	Complete Denture -Maxillary	\$1,800	\$1,400	\$400
D5120	Complete Denture - Mandibular	\$1,800	\$1,400	\$400
D6066	Implant Crown	\$1,300	\$1,050	\$250
D6057	Custom Implant Abutement	\$750	\$600	\$150
D9940	Night Guard	\$400	\$320	\$80

	Any other services receive 15% discount		
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# CARLILE DENTAL CARE PLAN

Membership Details:

Includes:

2 cleanings or perio cleanings

2 exams

1 set of Bitewings

1 Pano or Full Mouth xray

1 Limited exam (toothache)

**Savings for included services: up to \$376**

1 Payment: \$330

3 Payments: \$360 (3 payments of \$120)

6 Payments: \$390 (6 payments of \$65) (\$50 deposit required for 6 & 12 month paymen

12 Payments: \$456 (12 payments of \$38)

Services start from the date of the first payment and are good for 1 year.

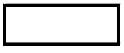
All payment plan options must be set up as reaccuring payments through our secure site

I \_\_\_\_\_ agree to all terms listed above. If making payments,

I agree to setting up a recurrent payment through Carlile Dental Care's secure site. If a payment declines a charge of \$50 will be applied to my account.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

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